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MEDICAL STAFF INTERNAL USE ONLY

21 February 1963

MEMORANDUM FOR: Deputy Chief, Medical Staff  
 Chief, Operations Division  
 Chief, Psychiatric Staff  
 Chief, Clinical Division  
 Chief, Support Division  
 Chief, Assessment and Evaluation Staff

SUBJECT : Medical Information

1. Over the years, the Medical Staff has provided the Agency with medical information, as necessary, and in an appropriate fashion. The procedure has run smoothly and has been most effective.

2. On occasion, the emergence of new Agency ideas and new Agency procedures renews interest in the basic concepts on which the transfer of medical information is based. Such concepts, while held naturally, are not subject to immediate definition and the pause, necessitated by consideration, detracts from the value of underlying philosophy. In order to establish a more immediate reference and ensure conceptual continuity, the following guidance is provided.

3. There are two basic varieties of medical information:

The first type of information is obtained as a result of the processing of personnel actions. This information is obtained from the individual and other sources as a condition of employment, and is essential to the technical evaluation of qualification. While such information is maintained in separate medical files, it is not privileged communication and is available generally according to the needs of the organization. Separate medical filing merely ensures availability on a need-to-know basis. This principle of availability and limited access is well recognized throughout Government.

The Medical Staff is in receipt of a second type of information. This information is received as a result of the Agency's confidence in the Medical Staff as physicians. In any given period, the Staff is called upon to diagnose illness, to interpret symptoms, to advise referral, to discuss personal and family problems, to suggest courses of medical action and, above all, to demonstrate care and sympathy and represent the Agency's personal interest in the welfare of its people.

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4. The Staff has been encouraged to assume this role and the practice has been welcomed by the Agency. By such practice, the understanding of Agency people is enhanced, the incidence of disease lessened, the frequency of medical holds decreased, and a positive contribution is made to the maintenance of health. Through these measures, the Medical Staff becomes truly Agency physicians and not merely technical advisors.

5. With such philosophy, the Agency becomes a patient and a personnel action becomes an expression of Agency need to which Medical Staff physicians attend. As good physicians, it becomes necessary at times to serve strong and unpleasant medicine and advise limitation of activity such as retirement or limited service. But, when accomplished as Agency physicians, the best interest of the Agency and the welfare of the individual is never in doubt. In this context, information which is inimical to the Agency or the individual cannot be harbored without taking constructive action.

6. Specifically, constructive action must be taken when privileged information appears as inimical to the welfare of the Agency and/or the individual. While there are many forms that constructive action may take, it is best to enjoin the individual in initiating the therapy that may be necessary on his own behalf and the Agency's. In other instances, privileged information may be used by the Medical Staff to enhance its own understanding in the case of personnel actions or to convey understanding when briefing senior officials.

7. While the transfer of medical information is essential to the effective workings of the Agency, it is equally essential that the information be conveyed in language that can be understood. Medical terminology per se should be avoided and understandings in general should be conveyed in terms of administrative expression. When medical terminology is necessary, it should be expressed in simplest terms appropriate to the occasion.

8. Finally, medical information is best conveyed when done so directly by a member of the Medical Staff. Information conveyed indirectly has a tendency to become confused. The Agency has demonstrated repeatedly its preference to receive medical information directly.

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JOHN R. TIETJEN, M.D.  
Chief, Medical Staff

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